REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	June 1995	

4. TITLE AND SUBTITLE

Social Psychological Issues in the Adaptation of US Army Forces to Peacekeeping & Contingency Missions

5. FUNDING NUMBERS

6. AUTHOR(S)

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7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

US Army Medical Research Unit-Europe
Unit 29218
APO AE 09102

8. PERFORMING ORGANIZATION REPORT NUMBER

WRAIR/TR-95-0022

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

US Army Medical Research & Materiel Command
Ft. Detrick, Frederick, MD 21702-5012

10. SPONSORING/MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

Approved for public release; distribution unlimited.

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 words)

The participation of United States military forces in United Nations sponsored peacekeeping operations has increased dramatically in recent years. This is especially true for "forward-deployed" American forces in Europe, even though since the fall of the Berlin Wall in 1989, their numbers declined from over 300,000 to about 150,000 today. The role of these forces has also shifted from one of defense against possible Soviet aggression, to active involvement in "out-of-sector" peacekeeping, contingency and humanitarian assistance missions. While much is known about soldier stress and adaptation in more traditional military operations, the U.S. military has little experience with peacekeeping operations generally, and even less with United Nations' operations. How combat-trained soldiers adjust to this new role is of crucial importance to (1) organizational capability to contribute positively to such operations, (2) individual soldier health and well-being, and (3) overall continued readiness of military forces. The present chapter summarizes results from recent social-psychological studies conducted by the U.S. Army Medical Research Unit-Germany with American personnel deployed to Croatia and Macedonia for United Nations peacekeeping operations under "UNPROFOR" (United Nations Protection Forces).

14. SUBJECT TERMS	15. NUMBER OF PAGES
stress, soldiers, peacekeeping, health, UN, UNPROFOR	16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
UNCLAS	UNCLAS	UNCLAS	

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Social Psychological Issues in the Adaptation of US Army Forces to Peacekeeping & Contingency Missions[1]

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ABSTRACT

The participation of United States military forces in United Nations sponsored peacekeeping operations has increased dramatically in recent years. This is especially true for "forward-deployed" American forces in Europe, even though since the fall of the Berlin Wall in 1989, their numbers declined from over 300,000 to about 150,000 today. The role of these forces has also shifted from one of defense against possible Soviet aggression, to active involvement in "out-of-sector" peacekeeping, contingency and humanitarian assistance missions. While much is known about soldier stress and adaptation in more traditional military operations, the U.S. military has little experience with peacekeeping operations generally, and even less with United Nations' operations. How combat-trained soldiers adjust to this new role is of crucial importance to (1) organizational capability to contribute positively to such operations, (2) individual soldier health and well-being, and (3) overall continued readiness of military forces. The present chapter summarizes results from recent social-psychological studies conducted by the U.S. Army Medical Research Unit-Germany with American personnel deployed to Croatia and Macedonia for United Nations peacekeeping operations under "UNPROFOR" (United Nations Protection Forces).

[1]Portions of this report were presented at the XIII International Sociological Association World Congress of Sociology, Bielefeld, Germany, July 1994. The views of the authors do not necessarily reflect those of the Department of the Army, or the Department of Defense (para 4-3, AR 360-5).

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Note: This chapter is in press: Georg-Maria Meyer (Ed.), Friedensengel im Kampfanzug? Zu Theorie und Praxis militärischer UN-Einsätze (Angels of peace in battle dress? Theory and practice of military UN operations). Opladen: Westdeutscher Verlag.

Social Psychological Issues in the Adaptation of US Army Forces to Peacekeeping & Contingency Missions

Paul T. Bartone, Ph.D., Amy B. Adler, Ph.D. & Mark A. Vaitkus, Ph.D.

Peacekeeping and humanitarian assistance missions are increasing in frequency and importance in the post Cold-War era. Likewise, United States military forces are participating in more United Nations sponsored peacekeeping operations, such as in Somalia (Operation Restore Hope) and the former Yugoslavia (Operation Provide Promise). This is especially true for American forces that are "forward-deployed" in Europe. From the end of the Gulf War in 1991 through 1993, the U.S. Army in Europe (USAREUR) has participated in no fewer than 42 contingency missions, nearly all of which can be classified as peacekeeping or humanitarian in nature (compared with only 29 such missions in the 44 years of the Cold War). This development represents an important shift in the Cold War doctrine which held that superpowers be excluded from such missions, a doctrine which was successfully implemented for nearly forty years (Segal, 1993). U.N.-sponsored military operations typically are also "multinational" in character, composed of forces from many different nations.

While much is known about soldier stress and adaptation in more traditional military operations, the U.S. military has little experience with U.N. peacekeeping missions, and poor understanding of the stressors associated with such operations. Most previous research has sought to understand combat-related psychiatric breakdown, attempting to identify causes and preventive measures (e.g., Belenky, 1987). To the extent peacekeeping and contingency operations expose soldiers to

stressors that are different in nature from those of combat, most "combat psychiatry" studies are not directly relevant. Research is needed to delineate the sources and nature of stress on such operations, and to identify the possible health and performance consequences of such stressors.

Some research has been conducted by military sociologists on soldier adaptation to the peacekeeping role. These studies have focused on acceptance (or rejection) of the peacekeeper role by soldiers trained as warriors (Segal, Harris, Rothberg, & Marlowe, 1984; Segal, Furukawa, & Lindh, 1990), and to a lesser degree on illness outcomes (Rothberg, Harris, Jellen, & Pickle, 1985) and communication issues (Applewhite & Segal, 1990). More recently, there have been studies on the psychological stressors experienced by U.S. soldiers deployed to Somalia (Gifford et al., 1993), and changes over time of soldier attitudes toward the soldier role (Miller & Moskos, 1994). A number of European studies have documented soldier responses to a variety of peacekeeping operations. These include examinations of the Norwegien experience in Lebanon (Headquarters Defence Command, 1993), the Dutch experience in Croatia (de Jong & Broedser, 1994), the French experience in the former Yugoslavia (Raphel & Bittel, 1994), and the German experience in Somalia (Kornhuber, 1994; Steege & Hansen, 1994). Across these diverse studies, a common list of social psychological issues or stressors is emerging that appears somewhat specific to contingency and peacekeeping operations, such as boredom, role ambiguity, mission uncertainty and isolation . These issues carry implications for selection and training, and provide a basis for future research on adjustment to peacekeeping deployments.

How combat-trained units and soldiers adapt to the peacekeeper role is of critical importance to a military force's ability to contribute positively to such operations. In 1992, the U.S. Army began small-scale deployments in support of United Nations Protection Forces (UNPROFOR) in the former Yugoslavia. These deployments were part of Operation Provide Promise, the umbrella referent for all U.S. military activities in the former Yugoslavia, including the humanitarian airdrop of supplies over Bosnia, the establishment of a no-flight zone (Operation Deny Flight), and the naval embargo. Over the next year, two separate and different types of units were deployed. The first was a medical unit deployed to Croatia, and the second was a border patrol unit deployed to Macedonia (Operation Able Sentry). Research was conducted with both of these units. The medical unit study identified the progression of stressors and changes in cohesion over time. In contrast, the border patrol unit study emphasized the role identification of soldiers. Both studies provide insight into the psychological adjustment of peacekeepers, and key findings from both studies are summarized below.

Study 1: Medical Unit in Croatia

In November of 1992, the U.S. Army assumed the mission of providing medical support to the 25,000 United Nations peacekeeping forces operating in the former Yugoslavia. A Task Force of about 300 U.S. soldiers was dispatched from Germany for a six-month deployment. Researchers at the U.S. Army Medical Research Unit in Germany collected pilot data from this medical unit on a variety of human dimensions issues. In March of 1993 another U.S. Army unit of about 200 soldiers from Germany

was identified as the next to deploy for this mission. Research with this second medical unit was more systematic and detailed than was possible for the first deployment. The unit included 186 medical personnel assigned to the Mobile Army Surgical Hospital (MASH), as well as additional personnel that were part of the larger Task Force. Using a longitudinal approach, the research aimed to identify the key sources of stress before, during, and after the deployment. We also evaluated the impact of these stressors on soldier health, morale and cohesion, and sought to determine the resources and coping strategies that contribute to resiliency and psychological well-being in peacekeeping deployments. Soldier perceptions of the multi-national operational environment were also assessed.

Method

Data collection with this follow-on MASH began in the pre-deployment phase, during a two-week training period just prior to their actual deployment to Croatia and included 74 semi-structured interviews and 188 self-report surveys completed by soldiers. The semi-structured interviews were done primarily on an individual basis, although a few were done in small groups of two to three soldiers. Extensive observations of key events were also conducted throughout this period, such as a command-sponsored unit leader seminar, and the immediate pre-deployment "lock-in" period and departure ceremony.

Four data collection site-visits were made to the unit in Croatia over the course of the deployment, each lasting a week or more. The first visit covered the initial arrival and transition period, with subsequent visits about two and four months into the

deployment. The third visit utilized a larger research team of four members, and included an administration of a mid-deployment survey to 128 soldiers (about 60% of the unit available), 37 semi-structured interviews and additional observations. The final visit occurred about two weeks prior to redeployment in early October 1993, and included a brief survey administered to 81 soldiers, or about 50% of the soldiers available at that time.

All surveys and interviews were voluntary and answers were kept anonymous. Using the mid-deployment survey as a reference point, the sample was 78% male, 70% white, and 23% officers (see Table 1 for additional sample demographics). Furthermore, a simultaneous study was conducted on the spouses of deployed soldiers in order to identify rear detachment and family issues. These data are presented elsewhere (Adler, Bartone, & Vaitkus, 1994).

Insert Table 1 About Here

Results

Pre-deployment

Though built around an existing core element, the medical unit was specially constituted to serve the peacekeeping mission. While common for deploying units to add personnel and equipment specially tailored for the mission, the situation was especially difficult for this unit due to the small size of the core element. Personnel for the unit, which increased in size from about 40 to 200 people, were drawn from a wide

geographical area in Germany. There was considerable confusion early on regarding the composition of the unit. This was compounded by the fact that many of the soldiers were complete strangers to each other, representing four different medical units and/or hospitals. Also, many key leaders were new in their jobs and not yet known by the soldiers. A further complication was engendered by senior command disagreement on what the size of the unit should be in order to meet the mission. This critical question was not resolved until shortly before the actual deployment. Thus, many unit trainees were unsure about whether they would actually deploy or not. There was significant uncertainty associated with getting to know peers and leaders, and finding out who was going and when.

Specific stressors were rated by soldiers on the survey (Table 2). Major stress factors in the pre-deployment phase included at least moderate concern about getting ready to deploy (54%), getting need Army services (52%), the Army drawdown and cuts (50%), uncertainty about whether or not they would be deployed (36%), difficulties with chain of command (25%), and changes in unit leadership (25%). There was also substantial concern about the welfare of families during the separation, particularly for soldiers drawn from outlying areas, including problems related to living in Europe (32%), concerns about children (28%), and having to move the family (26%). This concern was frequently related to the loss of services in some communities as a result of the drawdown of Army forces in Europe. Soldiers rated their personal morale somewhat higher than unit morale in this pre-deployment period (3.64 vs. 3.14, respectively on a 5-point scale).

Insert Table 2 About Here

Early- and Mid-deployment

During the early- and mid-deployment phase, a critical stress factor was the lack of meaningful activities in which soldiers could engage. This was frequently described as "boredom." The daily patient census in the hospital was low, and travel restrictions prevented U.S. medical personnel from doing outreach and liaison work in any of the forward sectors. Many, especially those in low density medical specialties, were frustrated by the sense that their talents seemed wasted in Croatia when there were personnel shortages back in Germany. There was also a growing sense of isolation associated with the perceived lack of responsiveness from rear support elements to requests for supplies and replacement personnel. This was apparently exacerbated by a lack of media attention to the UNPROFOR medical support mission. For many of the married soldiers, despite fairly good mail and telephone service, concern for families back home was a major issue. This concern was often linked to the poor attempts of some rear detachment elements to keep in touch with family members. Finally, many perceived an unfair distribution of rewards and resources, such as special U.N. pay, awards, supplies, and access to vehicles, leading to a sense of deprivation relative to soldiers from other nations, and, occasionally, to other American troops not assigned to the hospital.

In terms of individual stressors, the items of at least moderate concern included

missing one's spouse (53%), boredom (46%), Army drawdown and cuts (46%), uncertainty about the unit's future (41%), lack of access to transportation (40%), uncertainty about the mission's purpose (29%), and trouble getting Army agency services (29%). The fact that boredom, inadequate transportation and mission purpose were all reported as stressors may relate to a growing restlessness with the lack of perceived meaningful activities. Mid-deployment stressors also reflected family concerns and the undercurrent of wider military stressors. In comparison with the pre-deployment period, both uncertainty and the drawdown were rated as more stressful (Table 2).

Late-deployment

The key stressors in the final period, just two weeks before scheduled redeployment to Germany, also involved uncertainty and ambiguity. The unit's future location and some individual assignments were still unknown, leaving many soldiers wondering where they would redeploy to, and whether they would have to move their families. The situation was made worse by the fact that some of the units from which soldiers were originally drawn had already inactivated as part of the drawdown. There was a continued sense of relative deprivation, and ambiguity about the mission itself and its value. While the opportunity to treat a small number of civilian "humanitarian" patients at the hospital was welcomed by the staff, it also led to increased questions about why more humanitarian medical care was not permitted. During this period there was also an increased security threat, as nearby targets came under Serbian artillery attack. This clearly increased tension levels for a time, although it had some

positive effects as well with respect to the perception of the mission's importance. It added a sense of "the nearness of war" to the environment, and the greater media attention that followed, along with an influx of distinguished visitors, were generally welcomed by the soldiers. The attack may also have worked to increase or at least maintain unit cohesion as soldiers labored together to strengthen perimeter defenses in the face of a common external threat.

The general level and type of concerns seen during the mid-deployment persisted into the late-deployment phase (Table 2). Items of at least moderate concern included missing one's spouse (56%), lack of access to transportation (45%), boredom (43%), Army drawdown and cuts (38%), uncertainty about the unit's future (28%), changes in leadership (28%), and trouble getting Army agency services (25%). A relatively consistent percentage of soldiers rated the same issues as stressful.

Trends Over Time

Throughout the deployment, soldiers reported high levels of concern about the drawdown and its associated uncertainty for their units and families. Soldiers also reported high levels of stress associated with missing their spouses, boredom and restlessness. Thus, despite specific concerns relative to the deployment, larger drawdown issues were a persistently stressful theme.

Drawing on the survey data collected at the pre-deployment, mid-deployment, and late-deployment periods, Figure 1 displays rated unit cohesion levels over time. It is clear from this Figure that although a majority (53%) rated unit cohesion as moderate early on, few (22.5%) saw it as being high. Over time, those rating unit cohesion as

high increased to 39%, but still relatively large groups saw unit cohesion as only moderate (41.6%) or low (19.5%). In interpreting these results it is important to remember that the medical support mission required a collection of specialized work sections with very different responsibilities, from clinical staff to motor pool workers to cooks to resupply technicians. The interview data reveal that cohesion levels were very high in some sections, but quite low in others and appeared to be realted to the ability of the shift leader to create meaningful tasks and address the concerns of section members both on and off duty. The fact that soldiers rated their personal morale as higher than their unit morale at all points in time may reflect their ambivalence about their unit's effectiveness which was not directly tested. Likewise, the cohesion levels may have been the typical result of a unit pieced together that had no shared or common history of workplace interactions, and whose members knew that the current experience was a temporary one.

Insert Figure 1 About Here

In terms of morale, the interview data reveal that initial levels were influenced in part by an excitement and enthusiasm for the special medical peacekeeping mission, the "chance to make a difference," and the chance to implement training. Relatively lower levels over the course of the deployment may have been influenced by the lack of meaningful work activity. Still, interview data suggest that morale was preserved at reasonably high levels throughout perhaps partly as a function of the shared perception

that the commander and key unit leaders were doing their best to care for soldiers, and keep them well-informed.

We also examined soldier attitudes toward the U.N. and international environment over time. About 17 different nations shared the small U.N. compound near the Zagreb Airport. U.S. soldiers became increasingly frustrated with the support they received from the U.N. During the mid-deployment, 15.2% rated U.N. support for the mission as bad or very bad. By the late-deployment, dissatisfaction rose to 23.8%. A similar but small decline was found in soldier attitudes toward the forces of other nations, yet in general, relations with troops from other nations were positive (Figure 2). Although there were isolated incidents of conflict involving local Croatians and other nations' soldiers, about half of our sample (51.2% at mid-deployment and 48.8% at late-deployment) reported neutral relations, perhaps reflecting U.N. policy that peacekeepers remain neutral. Relations with French troops, however, were more negative than neutral (34.9% at mid-deployment and 37.0% at late-deployment reported bad or very bad relations). Despite individual initiatives at contact, soldiers reported a general perception that the French were relatively uninterested in social contact with other nations' forces, in part perhaps because they were the largest force present.

Insert Figure 2 About Here

Good relationships with other forces appeared to be influenced by the ability and/or desire to communicate in the same language (clearly a factor with the French), and the associated degree of outside-work related activities. A great deal of socializing occurred at the local bars established by each nation. Alcohol became an important factor in the informal connections and friendships that reached across national lines. Sport training and competitions also created opportunities for international contact.

The Croatia study provided a unique opportunity to identify in-depth the adjustment process that American soldiers and their unit experience during a peacekeeping deployment. Futhermore, it was the first time an Army medical unit had been deployed, basically on its own, in support of a U.N. force. One aspect of the medical unit experience that may not have been typical of adjustment to peacekeeping, however, is the extent to which soldiers were able to adapt to the peacekeeper role. It would appear that medical personnel do not need to undergo a dramatic shift in psychological mind set when adopting the peacekeeper role because their mission is rather similar regardless of warfighter vs. peacekeeper status. In contrast, soldiers who are more typically associated with the warfighter role are asked to undertake a significant mental shift when adopting the role of peacekeeper. Thus, the subsequent deployment of a U.S. combat unit to Macedonia afforded an excellent opportunity to compare attitudes toward peacekeeping among traditional infantry soldiers.

Study 2: Border Patrol in Macedonia

In July 1993, an American infantry battalion stationed in Germany joined Norwegian, Swedish, and Finnish troops under a Danish commander in the Former

Yugoslav Republic of Macedonia (FYRM) for six months of border patrol duty. Like the medical unit, the Border Patrol unit became part of Operation Provide Promise and was code-named Operation Able Sentry.

In addition to documenting retrospectively the sources of stress during the deployment, this study focused explicitly on attitudes toward peacekeeping. Previous studies on American peacekeepers in the Sinai who were part of the Multinational Force and Observers (MFO, a non-U.N. mission) have examined the degree to which airborne and light infantry soldiers accept a "constabulary ethic" (Segal, et al., 1984; Segal, et al., 1990, cf. Moskos, 1975). While these researchers generally agree that even "elite" American troops can competently carry out a noncombat mission due to their "professionalism," they do report significant percentages who do not find such a mission appropriate for themselves, who do not think a soldier can be effective in peacekeeping without the right to initiate force, and who do not think additional training is necessary for peacekeeping.

The survey of the border patrol unit provided an opportunity to assess soldier attitude toward the peacekeeping role ten years after the first Sinai study. Of course, several factors distinguish the present sample from the Sinai soldiers, including official U.N. mission status, deployment from USAREUR, and membership in a "straight leg" unit. It was also the first time U.S. forces had been placed under U.N. command. Nevertheless, the end of the Cold War and the increasing number of similar missions and operations other than war, made a new assessment of attitudes highly relevant.

Method

Immediately upon completion of the peacekeeping mission in January 1994, the returning infantry battalion was surveyed at their home station in Germany. The purpose of the survey was to measure various aspects of unit climate, morale, and stress factors associated with the deployment, in addition to attitudes about peacekeeping and serving with the United Nations. The survey was administered to all battalion soldiers who had served in Macedonia, were available for duty on the day of administration, and were willing to participate. Responses to survey questions were both voluntary and anonymous. A total of 171 soldiers completed surveys, out of an estimated 262 battalion members who deployed, resulting in a 65% response rate. See Table 1 for sample demographics.

Results

Responses to the questions about the peacekeeping role can be compared to MFO postdeployment data collected from airborne infantry soldiers (Segal, et al., 1984) and light infantry soldiers (Segal, et al., 1990). For the most part, soldiers deployed to Macedonia do not espouse the constabulary ethic to any greater degree than their airborne or light infantry counterparts (Table 3). All three groups are similar in that two-thirds of each group do believe a soldier can be effective in a peacekeeping job, even if he cannot use force except in self-defense. Likewise about half of each group agrees that peacekeeping is appropriate for their division or brigade. Finally, the Macedonia unit was not significantly different from lightfighters in endorsing the notion that additional skills are needed for peacekeeping (71% versus 78%), but both of these groups differed from the paratroopers, only half of whom saw the need for

additional skills (notably, however, a drop from 81% in a predeployment survey).

Insert Table 3 About Here

The largest differences across the infantry groups are with respect to agreement on the statement, "It is a mistake for American troops to be used to help solve other peoples' problems." By the end of their deployment, less than 10% of the airborne troops held that view, compared to a quarter of the light infantry, and more than 40% of the Macedonia soldiers. As the increase in number of contingency missions continues to parall large military personnel reductions, a sentiment of anti-involvement, although still in the minority, is more frequently voiced both in the barracks and in letters to the editor. The fact that the U.S. had not yet formally recognized FYRM when Operation Able Sentry began further hurt this kind of deployment's legitimacy. Finally, it must be kept in mind that the airborne data were collected before the airline carrying returning MFO members of the 101st Division crashed at Gander, Newfoundland, and that the data were collected just three months after significant casualties were suffered among Army Ranger personnel in Somalia (Operation Restore Hope). The increased salience of the risk to U.S. soldiers during deployment, regardless of the source of the danger, is likely to fuel significant soldier doubt about involving U.S. troops in conflict except under extraordinary circumstances with U.S. interests clearly at stake.

Nevertheless, differences in question wording with respect to the appropriateness of

the mission produce increases in the soldiers' acceptance of the idea. For example, when asked, "Do you think the United States should be involved in missions like Operation Able Sentry?" the percent agreeing rises to 52%. Furthermore, 79% endorse the "yes" response when the question is, "Was [your Brigade] a good choice for the Able Sentry mission?"

Open-ended commends can aid in understanding why nearly a third (32%) more of the respondents thought their Brigade was a good choice for the mission compared to "being the kind of job you think soldiers in [your Brigade] should be doing." The reasons for negative answers on both questions were similar: "we are combat infantry," "we are peacemakers not peacekeepers," "we are trained to kill," "we are not policemen," and "we are not gateguards." However, many who thought they should ideally be engaged in more combat-related missions also recognized that in reality their situation was not much different in Germany: "[Our Brigade] has always been used for guarding," and "[We] had similar missions with the Wall." Others felt that at least Operation Able Sentry gave them something to do, that they had essentially been without a mission since the Fall of the Berlin Wall, and that the brigade was a good choice because they were inactivating.

In addition, there were a substantial number of soldiers who felt that because they are professionals, they will do any job they are sent to do and can adapt to any mission, even those they feel are best left to nations other than the United States. This ethic is fairly widespread among these soldiers and is impressive given the fact that over 70% of them are junior enlisted. It is furthermore reflected in the fact that 75% agree or

strongly agree with the statement, "A soldier is a professional and does any job he is given with equal professional skill." This percentage compares with 57% or less within the samples examined by Segal et al. (1990).

With respect to training, although 54% said they were "well-trained and prepared for Able Sentry prior to deployment," 68% agreed that "the training given by the United Nations following [the] deployment to Macedonia [was] necessary." Unlike their airborne and light infantry counterparts who received "peacekeeping training" prior to deployment, the Able Sentry soldiers (who were deployed with about two weeks notice) were required by the U.N. commander in FYRM to undergo one month of training under the guidance of the Scandinavian forces. In their open-ended comments, although some did not find the training useful or including anything they did not already know, most appreciated it and enjoyed working with their U.N. counterparts. Very few said things like:

> The NORDBAT (Norwegian battery) is far less combative than the U.S. Army. They are used to being targets with restrictive ROE's (rules of engagement). We aren't. Once we return, the soldiers must relearn these aggressive, combat skills. It is most damaging to new troops.

With respect to serving under a U.N. commander, most had little to no difficulty with his legitimate authority, did not feel he threatened the American chain of command, and furthermore felt he did a good job. Problems with local Macedonians were few in number.

Conclusion

Peacekeeping and contingency missions are becoming more common for the U.S. military, and the sources of stress on soldiers are not identical to those found in more traditional "combat" operations. This analysis of data collected during recent U.S. peacekeeping deployments demonstrates the viability and value of conducting "Human Dimensions" research in contingency/peacekeeping operations. By studying military units at different times during their deployment, we have begun to identify the key stressors at various phases and the factors influencing soldier well-being in peacekeeping operations.

Both of the units investigated, the medical support unit and the border patrol unit, reported stress in areas that are common to any deployment such as being separated from one's family. At the same time, a number of stressors more directly associated with peackeeping duties were also identified. These include boredom, job restrictions, isolation and mission uncertainty. In addition, both the medical and border patrol deployments occurred amidst the drawdown which led to stressors related to unit cuts and reconfiguration. While future deployments may not necessarily involve the stress of a drawdown, mission requirements must be managed by a smaller force which could result in increased workload creating higher levels of soldier and community stress.

Despite significant areas of stress, both the medical and border patrol missions were successful. Furthermore, the medical and infantry personnel appeared equally skilled at interacting with local nationals or soldiers from other nations, although the infantry soldiers were more isolated from their UN counterparts than the medical personnel.

A more important difference between the two units may be the way they react to their identity as peacekeeper. Although boredom is a stressor for both units, the nature of the boredom may be unique. The frustration for medical personnel, and perhaps for other combat support units like engineers, is more likely associated with low workload and underutilization whereas, for infantry personnel, there is a greater challenge associated with adapting to the peacekeeping role itself.

In our study, soldiers deployed as peacekeepers in Macedonia were about evenly split regarding their belief that the U.S. should work with the United Nations in helping countries solve their problems. About half the soldiers feel that American soldiers, especially combat infantry soldiers, are not being properly utilized when placed in peacekeeping roles. Contrary to our expectation, they appear much like their Multinational Force and Observers (MFO) airborne and light infantry counterparts in this regard. Nevertheless, they appear more likely than their MFO counterparts to adhere to a professional ethic which states that a soldier does any job he is given and does it with equal professional skill.

The lack of consensus with respect to mission legitimacy, however, will have to be confronted in a direct manner by Army policy and decision makers. With the high number of political conflicts, such peacekeeping participation is likely to continue and even increase for U.S. soldiers. Peacekeeping doctrine and training must be established and implemented throughout the Army and at the unit level. Ideally, soldiers need to know what to expect and to have a clear understanding of the mission and their role. The new challenge for U.S. forces, as for others as well, is to train and

prepare professional soldiers who are equally adept in a range of roles from warfighter to peacekeeper.

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Table 1

Sample Demographics

Demographics	Study Sample: Croatia Unit (Medical)	Study Sample: Macedonia Unit (Infantry)
GENDER		
Male	82%	100%
Female	18%	
RACE		
White	69%	73%
Black	16%	10%
Hispanic	8%	11%
AGE (Mean)	30	24
RANK		
Enlisted	31%	71%
NCOs	42%	25%
Officers	27%	4%
MARITAL STATUS		
Married	55%	43%
Single	27%	48%
Divorced	14%	3%
Separated	4%	6%
EDUCATION		
High School	19%	61%
Some College	41%	31%
College Degree	25%	7%
Graduate Degree	16%	1%

Table 2

Mean Stressor Ratings Over Time

Stressors	Deployment Phase[1]		
	Pre-[2]	Mid-[3]	Late-[4]
Getting Ready to Deploy	2.62 (1.08)	---	---
Changes in Unit Leadership	1.92 (1.06)	1.87 (1.16)	1.91 (1.13)
Having to Move Family to US	1.94 (1.31)	1.81 (1.26)	2.20 (1.42)
Army Drawdown & Cuts	2.63 (1.31)	2.58 (1.47)	2.48 (1.51)
Not Knowing Where Unit Will be Based	---	3.13 (1.71)	2.31 (1.46)
Missing Spouse	---	3.18 (1.50)	3.06 (1.41)
Uncertainty About Where Family Will Live	1.63 (1.11)	2.55 (1.70)	2.05 (1.56)
Boredom	---	2.58 (1.43)	2.45 (1.22)
Lack of Ready Access to Transportation	---	2.43 (1.42)	2.47 (1.42)

[1]Rated on six-point Likert scale in terms of how much trouble or concern is caused by each stressor: 0=none, 1=very low, 2=low, 3=medium, 4=high, 5=very high. Some questions were not included in all versions of the questionnaires. These questions are marked by a line.
[2]N = 188.
[3]N = 128.
[4]N = 81.

Table 3

Post-deployment Peacekeeping Attitudes Among Three Samples of U.S. Infantry Soldiers

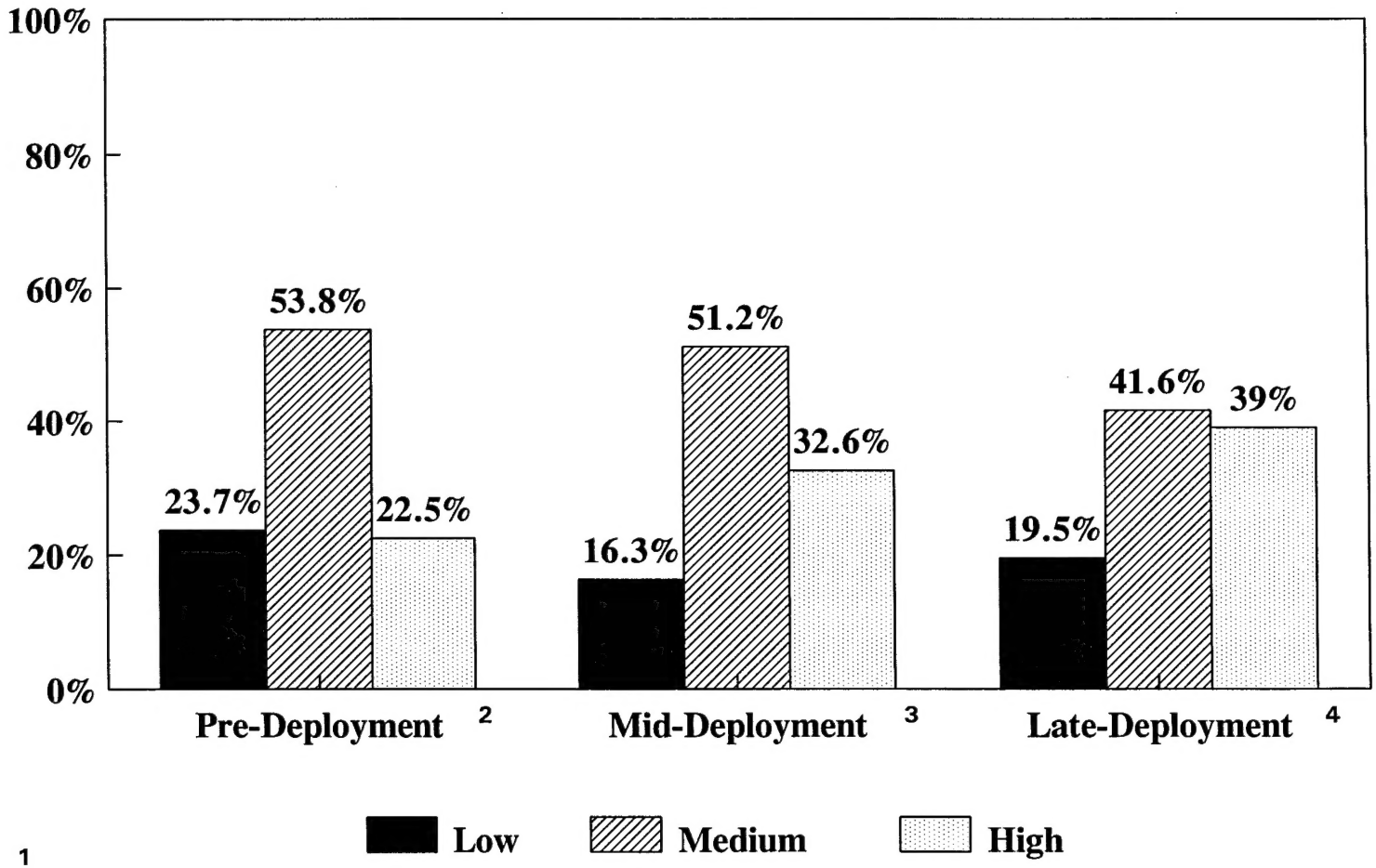
	Infantry Sample[1]		
Question	SINAI 1[2] (1983)	SINAI 2[2] (1984)	MACEDONIA (1993)
Does a soldier who is well trained in military skills still require additional skills for peacekeeping service?	50%	78%	71%
Can a soldier be effective in a peacekeeping job if he cannot use force except in self-defense?	72%	NR	66%
Is being a part of a peacekeeping force the kind of job you think soldiers in (your division or brigade) should be doing?	55%	NR	47%
It is a mistake for American troops to be used to help solve other peoples' problems.	6%	27%	44%

NR=Not explicitly reported, but "not significantly different" from airborne infantry results.

[1]Percent saying "yes" or agreeing.

[2]Data taken from Segal, Furukawa and Lindh (1990).

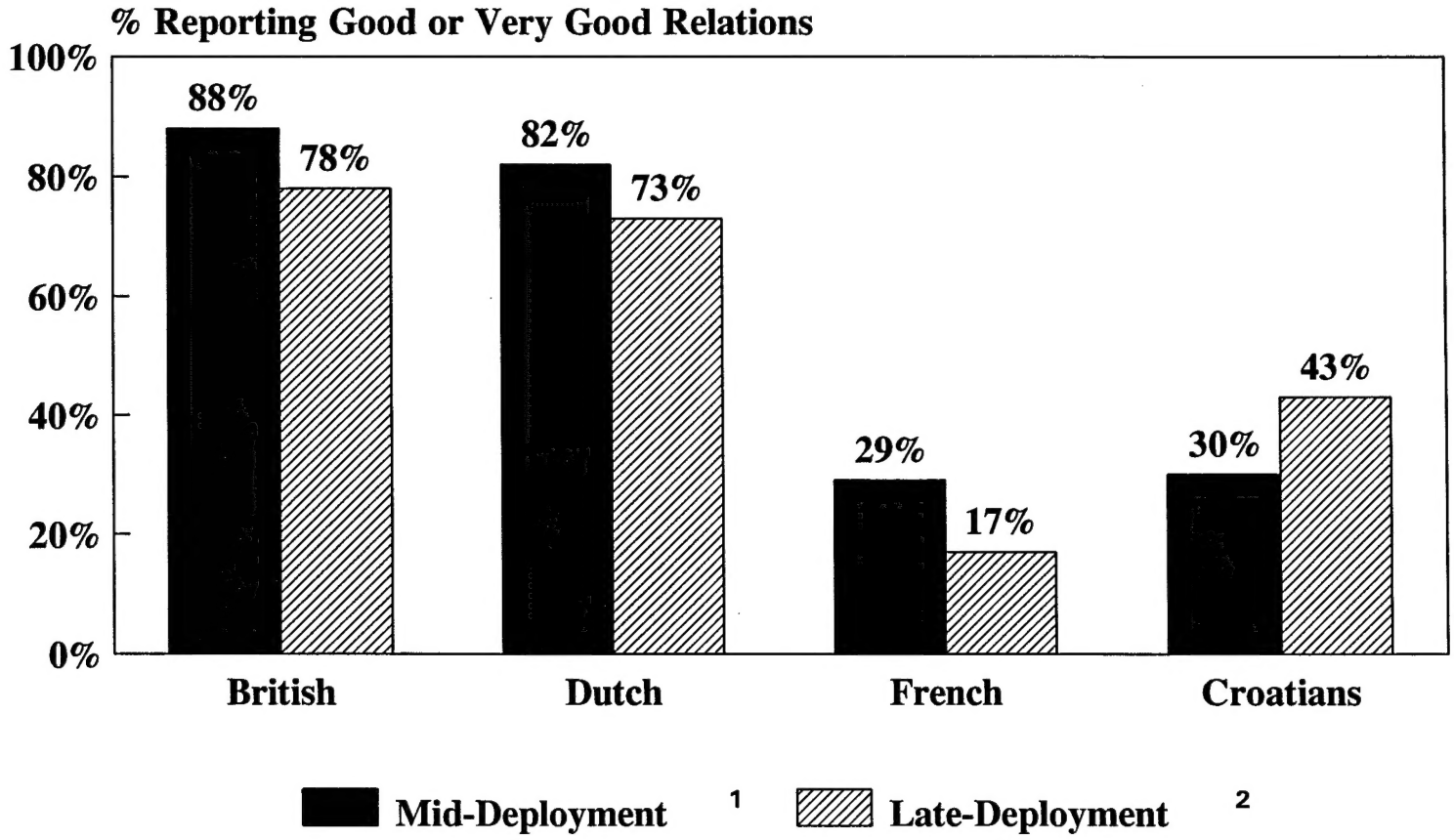
Figure 1
Unit Cohesion Reported Over Time [1]



[1] "What is your level of cohesion in your unit at this time?"

[2] N = 188. [3] N = 128. [4] N = 81.

Figure 2
Good Relations with Other Nations Reported Over Time



[1]N=128. [2]N=81.